

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001734

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

613

1. PLACE OF DEATH

a. COUNTY **Jackson**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**Length of stay in lb
24 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo**b. COUNTY **Jackson**c. CITY OR TOWN **K-C. Kansas City**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2534 ParkReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Van R Henson

4. DATE OF DEATH

Month Day Year
1 30 62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-24-35

9. AGE (last birthday)

26

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manager

10b. KIND OF BUSINESS OR INDUSTRY

Taxi Cab

11. BIRTHPLACE (City and state or country)

Camden, Ark.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Otis Henson Sr.

13b. MOTHER'S MAIDEN NAME

Lillie Mae Neal

14. NAME OF HUSBAND OR WIFE

Nellie Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lillie Mae Henson 2534 Park

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shock

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Internal Thoracic Hemorrhage

DUE TO (c)

Penetrating Gunshot Wound of Left Chest

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART II. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.
5:35Month, Day, Year
1/30/6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

11th & Tracy

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. M. Tillman

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

1/30/62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Burial

23b. DATE

2-3-1961

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

23d. LOCATION (City, town, or county)

Kansas City

24. FUNERAL DIRECTOR

Jones & Stevens

ADDRESS

2315 Linwood

25. DATE RECD. BY LOCAL REG.

2-2-62

26. REGISTRARS SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lauren A. Jones

Licensed Embalmer No. *4429*

P. O. Address

*2315 Lehigh Ave
Allentown, PA 18103*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.